

h2100039572Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

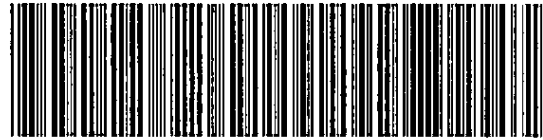
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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STUDIUM STRATEGIES  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REGAN JAGATNARAIN  
Name of Person

STUDIUM STRATEGIES  
Firm/Company

9229 WOODHURST DRIVE  
Address

NAPLES, FL 34120  
City/State and Zip Code

reg.a.jag@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REGAN JAGATNARAIN at ( 315 ) 560-6285  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. M. Street, Suite 810  
Tallahassee, FL 32310

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~~SECRETARY OF STATE~~  
~~(S)~~ LAMASSE, P.

~~SECRETARY OF STATE~~  
~~WASHINGTON, D.C.~~

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 12, 2021.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**